

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 26 2011

Secretary of State
Capitol Office
DATE STAMP

Name of Candidate John MayoAddress 803 W 2nd, Clarksville, MSTelephone 662 902 8633 Fax _____Contact Name _____ Email john@johnmayor.comOffice Sought HOR Dist 25 Political Party Democrat
☐ Check here if above is different from previous report
TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$3200 ⁰⁰ + \$475 ⁰⁰	\$ 3675	\$ 3675
Total amount of disbursements	\$1892 ⁰⁰ + \$1154 ⁹⁶	\$ 3,046.96	\$ 3046.96
Total amount of cash on hand		\$ 1614.30	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate John MayoDate 25 Jan 11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee John Mayo
 Reporting period Annual 2010 through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Power Co</u>	<u>01/04/10</u>	\$ <u>400⁰⁰</u>
Mailing Address <u>P.O. Box 4079</u>	<u> / / </u>	\$
City, State, Zip Code <u>Gulfport, Ms 39502</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Ms Dental PAC</u>	<u>4/29/03</u>	\$ <u>500⁰⁰</u>
Mailing Address	<u> / / </u>	\$
City, State, Zip Code <u>Phone# 601 982 0442</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Gen Electric</u>	<u>10/20/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 9544</u>	<u> / / </u>	\$
City, State, Zip Code <u>Ft. Myers, FL 33906</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Centenne Management LLC</u>	<u>08/31/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>Centenne Corp</u>	<u> / / </u>	\$
City, State, Zip Code <u>St. Louis, Mo. 63105</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee John Mayo
 Reporting period Annual 2010 through _____

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Atmos Energy Corp PAC</u>	<u>10/15/10</u>	\$ <u>500.00</u>
Mailing Address <u>5430 LBJ Freeway Ste 160</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>Dallas, TX 75240</u>	<u>__/__/__</u>	\$
Name of Employer (Required)	<u>__/__/__</u>	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE - PAC</u>	<u>8/27/10</u>	\$ <u>500.00</u>
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Name of Employer (Required)	<u>__/__/__</u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Assoc for Homecare</u>	<u>11/24/10</u>	\$ <u>300</u>
Mailing Address <u>134 Fairmont</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>Clinton, MS 39056</u>	<u>__/__/__</u>	\$
Name of Employer (Required)	<u>__/__/__</u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>__/__/__</u>	\$
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Name of Employer (Required)	<u>__/__/__</u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
QVC, Inc	3/21/10	\$ 250 ⁰⁰
Mailing Address		
1200 Wilson Drive	3/24/10	\$ 500
City, State, Zip Code		
West Chester, PA 19380		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 750 ⁰⁰
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
US Network	—/—/—	\$ 1142 ⁰⁰
Mailing Address		
6360 I-55 North 3 rd Floor	—/—/—	\$
City, State, Zip Code		
Jackson, Ms 39211		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	—/—/—	\$
Mailing Address		
	—/—/—	\$
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	—/—/—	\$
Mailing Address		
	—/—/—	\$
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	—/—/—	\$
Mailing Address		
	—/—/—	\$
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	—/—/—	\$
Mailing Address		
	—/—/—	\$
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$